

Issue Resolution at Miami Valley Hospital: Having a System Can Really Work!

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In the fall of 2006, Miami Valley Hospital (MVH) in Dayton, Ohio, was faced with declining physician satisfaction scores, as measured by their Press Ganey surveys. Despite the organization's seeming best efforts, the scores that matter most to satisfaction (relationship, communication and trust with administration) seemed to be flat or declining, much to the frustration of all.

Therefore, MVH set a goal for 2007 to make a real and significant impact upon these scores and began to explore what was causing this dissatisfaction. Not surprisingly, they discovered that one of the key drivers of physician dissatisfaction—and hence the lack of relationship—was the absence of a resolution process to address and resolve issues.

Physicians expressed deep frustration that issues seemed to languish, never to be resolved, or at least never to be heard about, unless they were escalated. (Note: Issues were defined as everything operational from surgical suite back-ups to not being able to find a parking spot.)

As a result of this feedback, MVH embarked on a process to assess the way in which they managed issues as well as the outcome of those issues. What they found was that issues were surfacing, but that they were not being tracked, managed or accounted for. Consequently, there were hundreds of issues, big and small, floating all over the organization. No one seemed to have a good idea about the numbers of issues, types of issues, or what was being done to resolve them, and more importantly, prevent them.

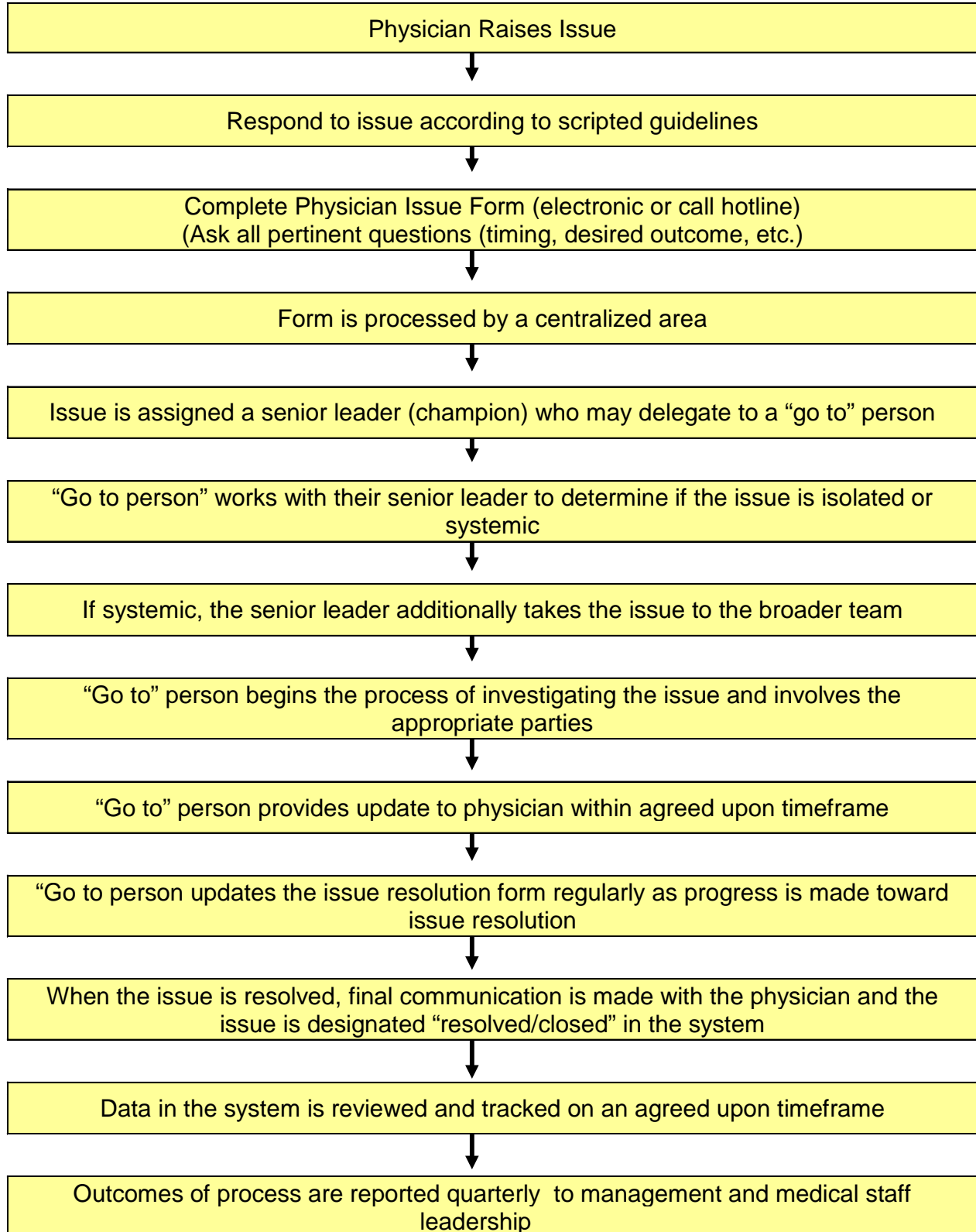
Management and medical staff were essentially operating in a vacuum—one that was precipitated by physicians bringing issues forward to multiple people in the organization, and a leadership team that had no collective idea of the number and magnitude of these issues.

To address the situation of the lack of coordination with issue resolution, Miami Valley convened a task force, and partnered with Corporate Health Group to design a system for capturing, tracking, assigning accountabilities, assessing progress, and capturing outcomes of issues and other physician feedback including suggestions and compliments.

The system was built upon a foundation that included a well-defined reporting and tracking process, as well as a feedback loop that ensured that issues were not falling through the cracks. Once the system was developed, an issue management

coordinator was hired and all leadership staff were trained on the new system and the expectations related to the system.

Instead of telling physicians about this new process, they decided to implement and prove to the physicians that something had changed in the organization. The process for issue resolution looked like this:



While this process may look complicated, once the process was embedded into the organization as a part of the way in which it does business, some dramatic results have followed.

In its first year of tracking, MVH found that it took 51 days on average, from identification to resolution. As this system became more natural to managers and staff, in the second year, the average time frame from issue identification to resolution had fallen to 13.25 days—a decrease of 37.75 days.

The drop occurred not because the issues were easier, but because a system of management was put into place to ensure that they were immediately assigned and placed into a resolution flow. More importantly, the management team now had a quantifiable process with which to measure its own performance and to identify issues that weren't just episodic, but chronic, as well as those having a larger organizational impact than might have originally been apparent. In 2009, MVH is hovering around 11 days average resolution time.

In 2007, the year the process first began, MVH was in the 78th percentile for physician satisfaction for hospital's 500+ beds. In 2008, after one year of consistent and persistent issue resolution, they had climbed to the 85th percentile for the hospital's 500+ beds—and the numbers are still increasing.

The largest increases in physician satisfaction came in the areas of increased response time, communication with administration, and involvement in strategy with administration. These are all indicators most highly correlated with overall satisfaction. Notably, overall scores in the Department of Surgery increased the most.

It's important to note that these increases occurred at a time when the hospital had embarked on some of its most aggressive and disruptive changes with respect to the medical staff and patient care. Satisfaction actually *rose* during a time of major construction and the implementation of the Electronic Medical Record/Physician Order Entry Management. That's a testament to the persistence of the leadership of MVH in using the issue resolution process as a management tool to enhance communication and better anticipate the needs of the physicians and their daily work environments.

Where do they go next? MVH is certainly not about to rest on its laurels. The organization is firmly committed to continuing to enhance the issue resolution process and capturing feedback from their physicians. What started as a self-developed tracking system has evolved into the purchase of a sophisticated computer tracking system that allows for easy access to the issue for progress reports and updates. This system has eliminated redundancy of effort and has greatly enhanced communication. MVH eagerly awaits the 2009 survey results as its team plans for the continued growth and support of this program.

"I can't imagine being without our issue resolution process," says Director of Business Development Lori Goertemiller. "We've been able to better prioritize some initiatives based on medical staff's feedback. While it takes discipline and persistence, we have greatly eliminated redundancy, enhanced organizational performance and have increased physician satisfaction."